

# MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006-1

## 1. MONTH OF AUGUST 1, 2008 THRU AUGUST 31, 2008

- |     |  |                                    |                                    |                                      |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | Y                                  | <input checked="" type="radio"/> N | N/A                                  |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 10. | Has PHC result been listed on MR-1 report?                                 | Y                                  | N                                  | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 21. | Remove Arsenic from report if sampling not required                        | Y                                  | N                                  | <input checked="" type="radio"/> N/A |

c.j.m.

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 10/14/08 Date sent to user \_\_\_\_\_Date due back \_\_\_\_\_ Reviewer c.j.m.

Second review comments on deficiencies

Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

# PRETREATMENT MONITORING REPORT

NAME: Allen Linen Supply and Laundry Service IncMAILING ADDRESS: 407 20<sup>th</sup> Ave Paterson N.J. 07513FACILITY LOCATION: 971 E 24<sup>th</sup> Street Paterson N.J. 07513CATEGORY & SUBPART: 9999OUTLET #: 1CONTACT OFFICIAL: Chris GomezTELEPHONE: 973-742-6131NEW CUSTOMER ID / OUTLET ID: 27220006

OLD OUTLET DESIGNATION: \_\_\_\_\_

MONITORING PERIOD					
Start			End		
08	01	08	08	31	08
MO	DAY	YR	MO	DAY	YR

Regulated Flow-gal/day

Average

Maximum

Total Flow-gal/day

~~64420~~ ~~70862~~64,42070,862

Method Used:

1352823gals x .95= Divided by 21

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.095 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement			Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.132 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-HEM	Sample Measurement	ND < 5.15 ✓		Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)

**PRETREATMENT MONITORING REPORT**

Certification of Non-Use if applicable (use additional sheets): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: Allen Linen is in compliance with the rules and regulations of PVSC

\_\_\_\_\_

\_\_\_\_\_

Explain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph less than 2

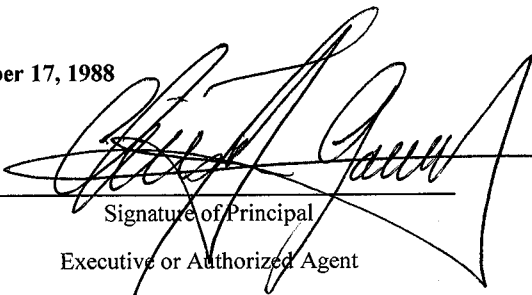
\_\_\_\_\_

No te: no changes made to the plot plan for this facility

\_\_\_\_\_

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988

  
\_\_\_\_\_  
Signature of Principal  
Executive or Authorized Agent

Chris Gomez

\_\_\_\_\_  
Operations Manager

Type Name and Title

9/15/08

\_\_\_\_\_  
Date



## ANALYTICAL DATA REPORT

for  
**Allen Linen**  
**407 20th Avenue**  
**Paterson, NJ 07513**

**Project Name: PVSC DISC**  
**Lab Case Number: E08-09279**

## MDL = METHOD DETECTION LIMIT

## Metals

Lab ID: 09279-001

Client ID: PROCESS

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 8/13/2008

Time Sampled: NA

Date Analyzed: 8/25/08

Parameter	Result	Q	MDL
Copper	0.095		0.008
Zinc	0.132		0.008

## General Analytical

Lab ID: 09279-001

Client ID: PROCESS

Percent Moisture: 100

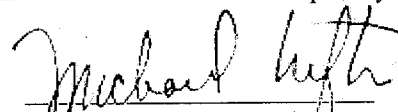
Date Sampled: 8/13/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	463	2.00	Aqueous-mg/L	8/13/2008 15:00
Total Suspended Solids	110	25.0	Aqueous-mg/L	8/14/2008 15:00
TPH- SGT HEM	ND	5.15	Aqueous-mg/L	8/25/2008 15:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

  
 Michael H. Leftin, Ph.D.  
 Laboratory Director

273 Franklin Road  
 Randolph, NJ 07869  
 Phone: 973 361 4252  
 Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program

Allen Linen Process Water Meter Reading

08/01/08 starting water meter reading 86540183 gallons

08/31/08 ending meter reading 87893006 gallons

87893006

86540183

1352823 gallons

1352823 total gallons for the month of August

1352823 divided by 21 days = 64420 gallons per day



